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PROMOTION OF ENTREPRENEURIAL BEHAVIOR IN THE ARMY NURSE EXECUTIVE: ONE ANSWER TO LESSENING THE IMPACT OF THE NURSE SHORTAGE

BY

LIEUTENANT COLONEL BARBARA J. SMITH

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PROMOTION OF ENTREPRENEURIAL BEHAVIOR IN THE
ARMY NURSE EXECUTIVE:
ONE ANSWER TO LESSENING THE IMPACT OF THE NURSE SHORTAGE

AN INDIVIDUAL STUDY PROJECT

by

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ABSTRACT

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The purpose of this paper is to present one possible strategy for dealing with the nursing shortage facing the Army Nurse Corps (ANC): development of entrepreneurial behavior in the Army nurse executive. Today, the Army Nurse Corps is faced with the challenge of continually "doing more with less". It also faces the challenge of providing quality nursing care in the midst of the worst nursing shortage this country has ever seen. The senior leadership of the Army Nurse Corps, "Army Nurse Executives", must deal with the ever present fiscal constraints and personnel shortages. The leadership must create an environment that promotes job satisfaction for its nurses and enhances quality patient care. The nurse executive who develops personal entrepreneurial behaviors, i.e. innovation, autonomy, risk-taking, vision (future oriented), and people orientation will contribute more successfully in this time of manpower and fiscal shortfall. The background section, includes a discussion of the nursing shortage, managerial demands of the ANC executive and thesis. The review of the literature focuses on description of entrepreneurial behaviors. Additionally, a correlation between entrepreneurial behaviors and organizational effectiveness are presented. The conclusions and implications of entrepreneurial behavior within the ANC are also presented. Lastly, recommendations for a strategy based on the inclusion of entrepreneurial behavior will be proposed as one possible answer to lessening the impact of the nursing shortage in the ANC.

PROMOTION OF ENTREPRENEURIAL BEHAVIOR IN THE
ARMY NURSE EXECUTIVE:
ONE ANSWER TO LESSENING THE IMPACT OF THE NURSE SHORTAGE.

CHAPTER I
INTRODUCTION

Today, the Army Nurse Corps (ANC) is faced with the challenge of continually "doing more with less". It also faces the challenge of providing quality nursing care in the midst of the worst nursing shortage this country has ever seen. The senior leadership of the Army Nurse Corps, "Army Nurse Executives", must deal with ever present fiscal constraints and personnel shortages. The leadership must create an environment that promotes job satisfaction for its nurses and enhances quality patient care. The nurse executive who develops personal entrepreneurial behaviors, i.e. innovation, autonomy, risk-taking, vision, and people orientation will contribute more successfully in this time of manpower and fiscal shortfall.

The nursing shortage is a result of many factors. Twenty years ago it took 58 nurses to provide care for 100 patients; today, 91 nurses are necessary to care for those same 100 patients.¹ This patient care ratio increase of nearly 86% has been created primarily by today's new technologies. Nurses are required to have many more technical skills in order to provide for the more complex and acutely ill patients they face. Dr. Carolyn Davis, former head of Health Care Financing Administration and chairperson of the Federal Commission on Nursing, attributes the nursing shortage to: 1) increase in the

severity of illness and complexity of care requirements; 2) increase demand for nurses in other health care sectors; and 3) the increase demand of resources due to the AIDS epidemic.²

The purpose of this paper is to present one possible strategy for dealing with the nursing shortage facing the Army Nurse Corps: development of entrepreneurial behavior in the Army nurse executive. The background section, chapter two, includes a discussion of the nursing shortage, managerial demands of the ANC executive and thesis. Chapter three, provides a review of the literature describing entrepreneurial behaviors. Additionally, a correlation between entrepreneurial behavior and organizational effectiveness is presented. Chapter four presents the conclusions and implications of entrepreneurial behavior within the ANC. Lastly, recommendations for a strategy based on the inclusion of entrepreneurial behavior will be proposed as one answer to lessening the impact of the nursing shortage in the ANC.

ENDNOTES

1. Sunnie Scarlet, "Army Needs Nurses, Supply Shrinks," HSC Mercury, January 1989, p.1.

2. Carolyn Davis, "Carolyn Davis Speaks Out," Nursing and Health Care, September 1988, p.355.

CHAPTER II
BACKGROUND
NURSING SHORTAGE

Barbara Jordon stated, "Nurses are the linchpin of the health care system -- the real foundation."¹ They are with the patient 24 hours day, 7 days a week, providing care and promoting wellness. The challenge presented to the nurse executive is to insure the nurses are there.

The literature reveals four major health care trends within our society today that contribute to the shortage of nursing personnel. The first trend identified indicates that today's patients illnesses and injuries are more involved. They require more acute, one-on-one care, both in and out of the hospital. As reported in Nursing and Health Care, "today's shortages is not the result of shrinking supply...it is the result of an overwhelming increase in demand."² Because of health care legislation guidelines and restrictions, patients are discharged at a higher acuity or care level. As a result, they may require extended care at home.

Secondly, alternative job opportunities for nurses are increasing. Openings within the health care market, in home health care, corporate nursing, entrepreneurial endeavors, and consulting are constantly diminishing the pool of nursing personnel available for traditional hospital based patient care. This shortage is becoming more and more evident despite the 1.5 million nurses currently in the labor force.³ The interim 1988

report of the Secretary's commission of Nursing by the U.S. Department of Health and Human Services reveals "...in [the] long term...that the future supply of registered nurses (RNs) will not be adequate to meet anticipated demand. There is considerable evidence to suggest that the demand for RNs' will continue to increase, but that there will not be a commensurate expansion of supply."⁴

The third trend, the aging of the United States population, is described as the most significant health care trend today. The sheer number of elderly American's will demand more nursing personnel. It has been estimated that by the year 2000, there will be 80 to 85 million Americans age 65 and older.⁵

The fourth major trend addressed in the literature is the provision of health care for victims of the AIDS epidemic. The Public Health Service estimates by 1991 there will be over 270,000 cases of AIDS. The associated cost is put at 22 billion health care dollars. The patients will obviously require nursing care of a significant magnitude.

MANAGERIAL DEMANDS OF NURSE EXECUTIVE IN THE ARMY NURSE CORPS

The major responsibilities of the Army Chief Nurse Executive (CNE) are specifically defined in AR 40-6, ARMY NURSE CORPS. The CNE is the principal advisor to the commander of the hospital on all matters related to or affecting nursing. The CNE is ultimately responsible for "providing quality nursing services and leadership within a professional military nursing system to fulfill the mission of the Army Medical Department (AMEDD)".⁶ In

order to fulfill this mission, the CNE must have a competent staff. Therefore, recruitment and retention of nurses are a foremost priority.

The nursing shortage has created the same challenges for Army medicine that are currently seen in the civilian environment. Recruitment is a key concern of the CNE. "The Army falls short of its authorized strength in every category of nurses: active duty, guard, reserve and civilian."⁷ The ANC is authorized 4,965 active duty nurses, yet only 4,543 (91.5%) are currently assigned against those authorizations.⁸ In 1988, for the first time, ANC active duty recruiting efforts failed to make mission by 40 nurses (out of an objective of 512). According to the Legislative Network For Nurses, Department of Defense officials informed Congress that the nation's reserve force faces a major shortfall of 30,000 nurses, but no specific data of total demand.⁹

Retention is another key concern to the CNE and presents a significant challenge to the ANC. A recent ANC study revealed that attrition rates are rising. The study further revealed the third, 12th, and 20th years of service as specific retention hurdles. Following completion of the initial three year active duty obligation, only 70% of the ANC officers are staying on active duty. The ANC states that 80% retention is required to perform current missions. At 12 years of service, 78% stayed in comparison to 96% only three years ago. According to BG Clara Adams-Ender, the number of ANC officers leaving active duty at the 20 year mark is much higher than officers of any other

branch. Their departure at that time directly relates to alternative health care job opportunities and salary increases within the private sector.¹⁰

Retention of civilian nurses working for the Army is another key issue. Between August 1987 and October 1988, the AMEDD experienced a tremendously high turnover rate in civilian nurses; 486 civilian nurses left, but only 467 civilian nurses were hired. Currently, the Army is short by approximately 150 civilian nurses (5% of 2,721 authorized).¹¹ The Surgeon General's office projected retention data reveals that this downward trend does not appear to end in the near future.

Why do civilian nurses leave? A recent study completed by Health Services Command (HSC) identified the following reasons: "1) Frequent scheduling changes and rotating shifts; 2) Noncompetitive salary; 3) Limited advancement opportunity; 4) Lack of personal and professional recognition; 5) Shortage of staff; 6) Lack of feedback; and 7) Hiring process [was] lengthy and paperwork intensive".¹² These results were similar to one conducted by the Hay Group within the private sector. The Hay Report, as reported in the American Journal of Nursing, compiled the results of 14,000 exit interviews to determine why nurses left their job. This study occurred in 144 selected southeastern hospitals over a four year period. The results of the study were similar with the following exceptions: The civilian nurses did not find the hiring process to be as complicated and time consuming as the Army Civilian Nurses, yet they (civilian nurses) desired to relocate more than Army Civilian Nurses.¹³

The Army does have a nursing shortage. The time has come for the Army, and specifically the Army CNE to look for alternatives to offset the known shortages. Thus, the Army CNE needs to look at new and innovative leadership alternatives to adequately deal with these shortages. In the next chapter one alternative is presented that might affect the nursing shortage.

CHAPTER II

ENDNOTES

1. Clara Adams-Ender BG, Impact of Nursing Shortage on Nursing Practice, p. 8 (cited with special permission of BG Adams-Ender).

2. "Trends and Issues," Nursing and Health Care, September 1988, p. 347.

3. Ibid., p. 347.

4. Sunnie Scarlett, "Army Needs Nurses, Supply Shrinks," SC Mercury, p. 1.

5. Adams-Ender, p. 3.

6. U.S. Department of the Army, Army Regulation 40-6, p. 3 (hereafter referred to as "AR 40-6").

7. Margaret Roth, "Nursing Shortage Fuels Attack on Pay, Work Conditions," Army Times, 13 February 1989, p. 8.

8. Ibid., p. 8.

9. Scarlett, p. 6.

10. Roth, p. 8.

11. Scarlet, p.6.

12. Ibid.

13. Ibid.

CHAPTER III
REVIEW OF THE LITERATURE
ENTREPRENEURIAL BEHAVIORS

When most people hear the term entrepreneur, they usually think of one who owns his business or invented a product. Entrepreneurial behavior in a broader sense, however, can be utilized to contribute to successful personnel management. French economist, J.B. Say defined the entrepreneur as one "who shifts...resources out of an area of lower and into an area of higher productivity and greater yield."¹ The health care institution, in its present status appears to be an excellent environment for entrepreneurial behavior to take hold. This paper's focus is on the development of entrepreneurial behavior in the Army CNEs and its potential positive impact on the health care environment. If the Army CNEs can create a positive hospital environment that retains and attracts nurses, then the Army Nurse Corps will be one step closer to solving the nursing shortage.

In Innovation and Entrepreneurship, Peter Drucker states that successful entrepreneurs want to create something of value that will be a contribution to society. He believes that entrepreneurship is a behavior that is systematic and based on purposeful innovation. This innovation can be making a change in something already established, or creating something new that is resourceful. Drucker emphasizes that systematic innovation involves monitoring opportunities for change. Some of these

opportunities might be a change in demographics, a change in perception (maybe new trends) and new knowledge, or a change in market structure.² The Army CNEs need to consider using systematic innovation in their brainstorming and planning sessions. Whether the result is the identification of a new product, or the development of an innovative management concept, the monitoring of the innovative opportunities appears to be an administrative asset. Innovation is a must if health care facilities are to remain competitive, or in some cases just survive.

Vogel and Doleysch discuss characteristics of entrepreneurial behavior in their book, Entrepreneuring, a Nurse's Guide to Starting a Business. The authors describe the successful entrepreneur as being a risk-taker, self-confident, and people oriented. A risk-taker is described as one who examines all aspects of the risk to insure its manageability and predictability. Being self-confident implies that the person believes in himself and in his course of action. Being people oriented revolves around caring, listening, communicating with clarity, and maintaining a sense of humor. The book also emphasizes that each entrepreneur is an individual.³ Therefore, their approach to specific tasks will be different, but their behavioral characteristics will be strikingly similar.

Additionally, Vogel and Doleysch share Drucker's view that change provides the impetus for innovation. They feel that the climate is now favorable for the nurse entrepreneurs, whether they are starting a new business in the health care arena or

affecting a change in management. Other health care experts agree that "today's tight economic environment puts increased pressure on the need for productivity and creativity".⁴ Nurses should be a natural at entrepreneuring since they are continuously looking for ways to improve the delivery of patient care. Johnson, et al. believe that nurses, with their keen analytical abilities in assessing needs, are in a central position to look at the spectrum of systems, products and processes involved in patient care.

In their book, Test Your Entrepreneurial I.Q., Hawkins and Turla take a different approach by dividing the characteristics of entrepreneurs into five categories. They are personality, people skills, organizational skills, marketing, and money. Within the personality category, the one most prominent personality behavior was autonomy.⁵ Autonomy means the person is independent and self-governing. Most Army CNEs are placed in positions of authority requiring spontaneous judgments. Those possessing autonomous behavior usually adapt better. The other four categories shared commonalties with other studies or basic organizational management skills.

Based on the literature review, there are five entrepreneurial behaviors that appear to be most prominent. They are: 1) Innovation, 2) Autonomy, 3) Risk-taking, 4) Vision (future oriented), and 5) People orientation.

The followup Magnet Hospital study, in particular, clearly focused on successful organizations in which the CNEs exhibited entrepreneurial behaviors. This study was conducted in the mid

1980's and will serve as the primary basis for discussion in the following section.

CORRELATION BETWEEN ENTREPRENEURIAL BEHAVIOR AND
ORGANIZATIONAL EFFECTIVENESS

There appears to be a high correlation between the managerial skills of successful CNEs and entrepreneurial behaviors. These behaviors appear to create a positive productive environment which affect outcomes in a positive manner. These skills and attributes are needed by the CNE in today's rapidly changing marketplace. They have also been the primary focus in the followup Magnet study and the latest nursing literature.

The Magnet hospital study was done in the early 1980's to identify those hospitals that had been successful in attracting and retaining professional nurses. Based on characteristics identified by Peters and Waterman, In Search of Excellence, the study analyzed 16 of 41 magnet hospitals to ascertain to what extent they possess characteristics similar to the best run companies in the corporate community.⁶ The characteristics are not the same as entrepreneurial behaviors, yet success in their organizations required the executive to exhibit entrepreneurial behaviors.

The CNEs of successful magnet hospitals exhibit certain major characteristics in their management style. They are people oriented, which includes being an effective communicator, visible, and caring about your staff. As one of the staff members commented, "You can devote your psychic energy to your

patient because someone else is taking care of me."7 CNEs invest in the people of their organization. The second order effect of this practice is increased productivity.

Being a risk-taker is another characteristic of the CNEs management style. The CNEs encouraged the nursing staff to act on what they know, to include the freedom to act and succeed, and freedom to act and fail.⁸ The CNEs are also autonomous (independent). They are not afraid to act independently and empower the staff to do the same. This type of management creates an environment where the staff members are challenged to try different solutions. In systems like this, "Management has to be tolerant of leaky systems; it has to accept mistakes, support bootlegging, roll with unexpected changes, and encourage champions."⁹

Furthermore, the CNEs are innovative and foster an innovative climate. The nursing staff believe that they were empowered and this fosters more creative roles. The staff felt challenged to devise new and more effective ways of providing nursing care. The last major characteristic of the CNEs' management style, is that they are visionaries. They are future oriented, have foresight, and the ability to anticipate and make provisions.

As a result of the CNEs' management behavior, four themes transfused the nursing department. The first was the intense involvement of the senior staff. Their primary focus was quality and personalized patient care. Secondly, everyone was people oriented. Thirdly, things were measured, and lastly the feedback was provided to staff.¹⁰

As a result of the managerial success of the CNEs, the magnet hospitals have some of the lowest records in staff turnover, yet the highest in recruitment and retention. These behaviors should be promoted in all health care facilities, especially if they assist in a more satisfying environment for the professional nurse.

Other writings also support CNEs' behaviors noted in the magnet hospital study. The authors also suggest that the entrepreneur operating in a bureaucracy faces more of a challenge than one starting up a business. The CNE is challenged to identify methods to make the organization more effective. Whether that be to change the organizational setting in which nurses practice, or to identify new methods of resource management. The key to success lies in the increased responsiveness of the CNE to today's fast rate of change.

TRENDS AND SUMMARY

In my view, three major trends can be drawn from the review of literature. The first, as demonstrated in the followup Magnet study, is that what makes a private industry successful can also make a successful hospital operation. Secondly, there is a strong correlation between the managerial skills required of an Army nurse and a civilian nurse. The application of entrepreneurial behavior can make either successful. Finally, the entrepreneurial behaviors of successful executives appear to be transferable to the Army CNEs.

Therefore, it is argued that entrepreneurial behavior is important to an organization. The impact tends to be positive on

the working environment and productivity of all. Furthermore, five specific behaviors from my perspective continue to come to the forefront. These are innovation, people orientation, risk-taking, autonomy, and vision. The Army Nurse Corps leadership would be well served to identify and reward those Army Nurses possessing these behaviors, and to foster an environment that promotes these behaviors.

CHAPTER III

ENDNOTES

1. Peter Drucker, Innovation and Entrepreneurship, p. 20.
2. Ibid., p. 21, 35.
3. Gerry Vogel and Nancy Doleysch, Entrepreneuring, a Nurse's Guide to Starting a Business, p. 4, 26.
4. Joyce Johnson, et al. "Marketing Your Nursing Product Line: Reaping the Benefits," The Journal of Nursing Administration, November 1987, p. 29-33.
5. Kathleen Hawken and Peter Turla, Test Your Entrepreneurial I.Q., p. 2, 35, 38.
6. Marlene Kramer, and Claudia Schmalenberg, "MAGNET Hospitals: Part I Institutions of Excellence," The Journal of Nursing Administration, January 1988, p. 13.
7. Marlene Kramer, and Claudia Schmalenberg, "MAGNET Hospitals: Part II Institutions of Excellence," The Journal of Nursing Administration, February 1988, p. 11-15.
8. Kramer and Schmalenberg, Part I, p. 22.
9. Tom Peters, and Robert Waterman Jr., In Search of Excellence, p. 182.
10. Kramer, and Schmalenberg, Part I, p. 20.

CHAPTER IV

CONCLUSIONS AND IMPLICATIONS

Today's complex health care environment presents many challenges for the Army CNE. This includes a nursing shortage in the active component, reserve component, and civilian component. This shortage is caused primarily because of recruiting shortfall, and failure to retain prescribe population targets at the third, 12, and 20 year mark. There is also a tendency for migration to alternative jobs within the health care profession. Likewise, military pay structure is not competitive with its civilian counterpart. The likelihood of this condition changing during a time of financial constraint is unlikely. Additionally, the health care environment is challenged by sicker patients and an aging population. Those in leadership positions must seek viable alternatives to address these concerns. One strategy is promotion of entrepreneurial behavior in the CNE. Studies have shown that job satisfaction and recognition directly effect retention. If those in the profession speak well of the profession, they are more likely to actively recruit others.

Entrepreneurial behavior and its high correlation with successful managerial skills make it ideal for the CNE application. If the nurse team is allowed to be more creative and risk-taking in their environment, they are more likely to further fulfill their responsibilities to the patient. For example, the CNE might want to bring the nursing staff together to brainstorm short and long term objectives. Thus, creating an

environment which considers the input of the whole rather than a select few. One might want to carry it a step further and borrow from the Japanese the use of Quality Circles or small group problem-solving. This could result in tapping the creativity within the group. The nurses need to see their environment as one in which they are rewarded for their successes and constructively learn from their mistakes. They must be encouraged to come forth and identify things that are not working. The CNE should be supportive, considerate, and willingly to share in the sacrifices. The CNE leads by example and not by fear. He or she should be recognized as one who shares the praise and shoulders the blame. As an example, the CNE could implement flex scheduling with input from the staff. If it does not work, the CNE accepts the blame and chalks it up to experience. The nurses and the CNE working together will normally increase productivity without adding cost.

These initiatives will improve the CNE's relationship with the CEO and other hospital personnel. Increases in productivity and worker satisfaction in turn will result in a cost avoidance and qualitative improvement in the operation of the health care facility. A collateral effect will be increased communications at all levels within the organization, and the enhancement of mutual trust and respect. These efforts will serve the leadership well in both peace and war.

However, it is also important to be a realist. In an ideal environment the CNE will have a good relationship with the commander. This of course cannot always be assured, and as such

has a direct bearing on the organizational climate.

Notwithstanding the potential conflict described above, my results of the analysis are presented in the next section.

For me, there are five specific behaviors transferable to the Army CNEs. The first of these behaviors is an orientation toward people. This includes the ability to express thoughts and ideas not only in terms of oral and written communication, but through active dialogue with others using active listening as a basis. There is also a genuine need to look after and care for those who work with and for you. Each of these endeavors serves as a foundation for developing trust and mutual respect toward each other.

Secondly, the CNE needs to take the risk of giving the staff the responsibility to do their jobs. In so doing, the CNE will move the organization from one that is centralized to one that is more decentralized. The staff in turn will be more flexible, less rigid and better prepared to react to crisis.

Next, the CNE should foster innovation. Creativity, self-motivation and initiative should be the routine. At the same time, the CNE needs to be a visionary and well aware of organizational trends into the future. This should include organizational change, industrial improvements and resource management.

Finally, the CNE should get use to working in an autonomous environment. Independence, confidence, understanding and appreciation for total organization objectives will result in increased productivity and quality care. All of these behaviors

result in the CNE sharing in the daily sacrifices and being recognized as one who gets actively involved.

CHAPTER 5

RECOMMENDATIONS

As I approach the recommendations for this study, I have concluded that there are seven specific steps that the Army could take. These recommendations are:

1. That entrepreneurial behavior, where applicable be incorporated into the managerial practices of the Army CNE.
2. That the Army provide educational opportunity for learning about entrepreneurial behavior at each level of formal military schooling throughout Army Nurse Corps training.
3. That the Academy of Health Sciences be tasked to prepare an exportable training module on entrepreneurial behavior for use by the ANC officers at the various health care facilities.
4. That both the formal and informal training be progressive and sequential in nature to provide a focus dependent upon ones position in the rank structure.
5. That the Academy of Health Sciences, in conjunction with the Army Center for Leadership at Fort Leavenworth identify books and articles on ANC entrepreneurial behavior as part of their library repository on leadership. These publications need to be periodically publicized throughout the Army Nurse Corps.
6. That the CNEs which exhibit entrepreneurial behavior be debriefed upon completion of their tour and the lessons learned be published.
7. That the Army Nurse Corps work in concert with respective health care facility commanders to foster an environment supportive of these ideas.

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